

NORTHEAST TRI COUNTY HEALTH DISTRICT
DIVISION OF ENVIRONMENTAL HEALTH

ON-SITE SEWAGE SYSTEM PERMIT # PT0012430

James & Judy Beck is hereby authorized to utilize a sewage disposal system at
W2 SE4 SW4 NE4; N OF DESC LINE W2 NE4 NW4 SE4 (SP 210-99-4)

Section: 11 Township: 37 Range: 38 Parcel #: 1962532

in accordance with the plans and specifications approved by the District Health Officer on file in this office.

Prior to any major repairs, replacements or alterations to the system a permit shall be obtained from the NorthEast Tri County Health District (Division of Environmental Health).

This permit is issued and may be revoked by the NorthEast Tri County Health District Health Officer by authority of WAC 246-272, and Northeast Tri County Health District Regulations established by the Board of Health pursuant to RCW 70.05.

Additional permits from other jurisdictions or agencies may be necessary for this project. It is the responsibility of the applicant to acquire said permit(s), and comply with all applicable rules, regulations and/or ordinances.



Date Issued: 04/29/2010

District Health Officer

PERMIT INSTRUCTIONS

STRUCTURE TYPE: Single-Family Residential

DFLF/BED DIMENSIONS:200

NUMBER OF BEDROOMS: 3

TRENCH DEPTH (inches): 24

DESIGN FLOW (gal/day): 480

TENCH WIDTH (inches): 36

TYPE OF SYSTEM: New

APPURTANENCES: D Box & Effluent Filter

SYSTEM DESIGN: Gravity

PUMP CHAMBER (y/n): N

SEPTIC TANK CAPACITY (gal): 1000

PUMP CHAMBER GALLONS:

REASON SYSTEM DESIGN:

SPECIAL PERMIT INSTRUCTIONS: System is sized for a 2 bedroom SFR with 1 extra bedroom in the garage.
Residential restriction. Bedroom in garage cannot be use as a 2nd residence.

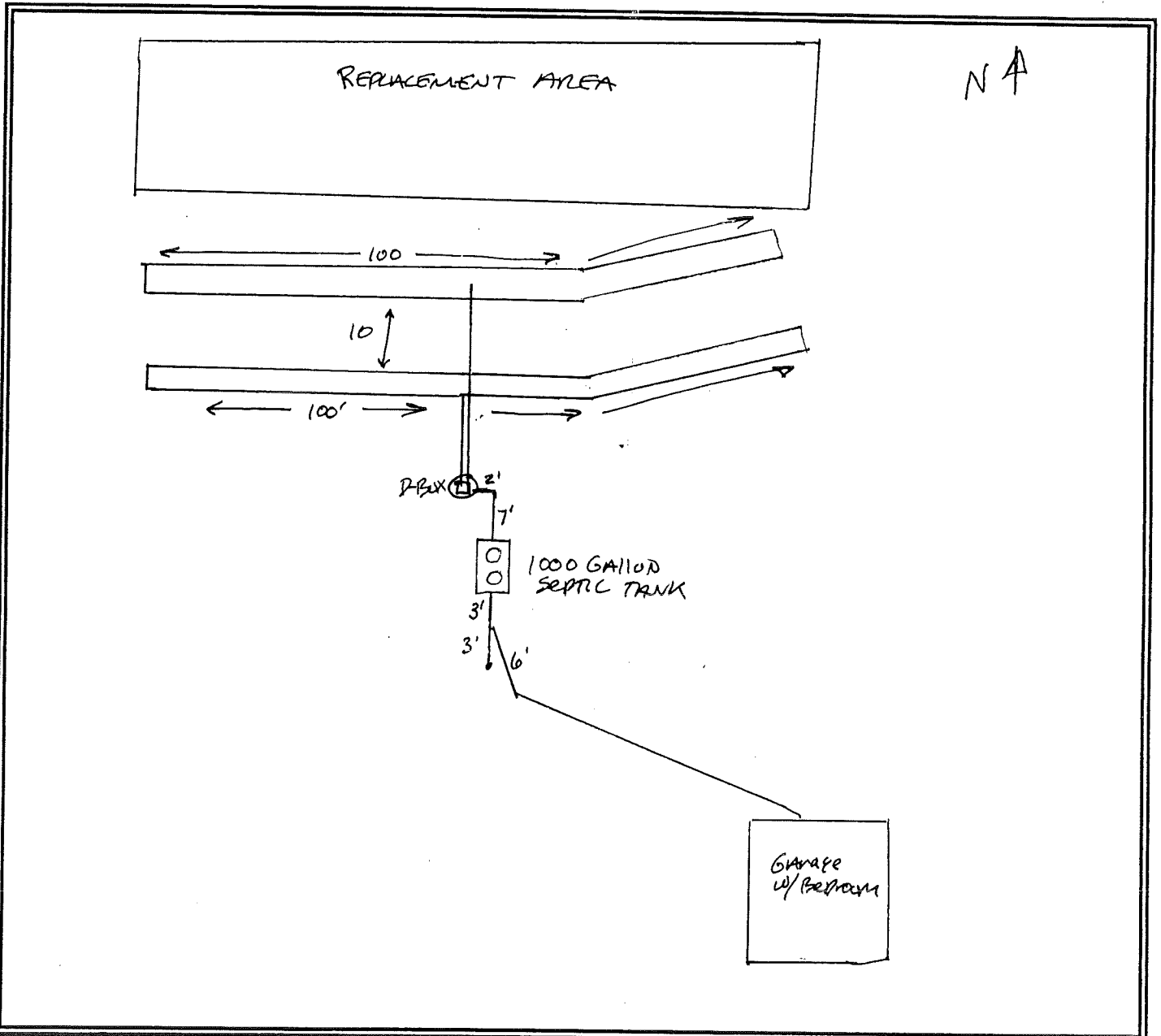
FINAL INSPECTION DATE: 05/06/10

Initials: DE

SR 12575

NORTHEAST TRI COUNTY HEALTH DISTRICT
AS-BUILT DRAWING - PERMIT # PT0012430

INSPECTION DATE 05/06/10 INSPECTED BY DE APPROVED: YES NO



Installer Name JAMES MALLERY
 Septic Tank Size 1000
 Drainfield Length _____
 Drainfield Depth _____

Pump Chamber Size _____
 Doses/Day _____ Gallons/Dose _____
 Squirt Height _____ Drawdown _____
 Pump Run Time _____